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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. 1450 Alexandria, VA 22313-1450

Application No.	09/751,334				
Filing Date	December 28, 2000				
First Named Inventor	Jonathan M. Zweig				
Art Unit	2662				
Examiner Name	Ahmed Elallam				
Attorney Docket Number	3239P072				

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.								
amendmentinot wish to hear a. Premay be considered. Ii.	on required under 37 C.F.R. § 1.114 s enclosed with the RCE will be entered in the ave any previously filed unentered amendme eviously submitted. If a final Office action sidered as a submission even if this box. Consider the amendment(s)/reply under (Any unentered amendment(s) referred to above Consider the arguments in the Appeal Other	e order in which the ent(s) entered, appl n is outstanding, is not checked. er 37 C.F.R. § 1. will be entered). Brief or Reply Br	ey were filed un icant must requestry amendment of the previously ief previously	less applicant instructs otherwise. If applicant does lest non-entry of such amendment(s). ents filed after the final Office action y filed on filed on				
i. ☑ ii. ☐ 2. Miscelland	Amendment/Reply Affidavit(s)/Declaration(s) eous spension of action on the above-identifienths. (Period of suspension shall not ex	iv.	·					
b. Other The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed. a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2666. i. RCE fee required under 37 C.F.R. § 1.17(e) and any additional claims fee(s) ii. Extension of time fee (37 C.F.R. § 1.136 and 1.17) iii. Other: (\$.00)								
 b. Check in the amount of \$790.00 enclosed c. Payment by credit card (Form PTO-2038 enclosd) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name (Print/Typ	e) William W. Schaal		Registration	No. (Attorney/Agent) 39,018				
Signature	Jun 1/		Date	September 16, 2005				
	CERTIFICATE O	F MAILING OR	TRANSMISS	ion				
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. September 16, 2005								
Name (Print/Type	Susan McFarlane							
Signature	JUSY PAR	Lo	Date	September 16, 2005				

Based on PTO/SB/30 (09-03) as modified by Blakely, Solokoff, Taylor & Zafman (Wr) 02/10/2004. SEND TO: Mail Stop RCE, Commissioner for Patents. P.O. Box 1450, Alexandria. VA 22313-1450

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OIPE 49.88 SEP 1 9 2005

1401

1402

1403

1451

1460

1807

1806

1809

1810

Other fee (specify)

500

1,000

1.510

790

2401

2402

2403

2451

2460

1807

1806

1809

2810

250

250

500

130

50

180

395

1,510

Notice of Appeal

Request for oral hearing

Petitions to the Commissioner

Filling a brief in support of an appeal

Processing fee under 37 CFR 1.17(q)

Petition to institute a public use proceeding

Submission of Information Disclosure Stmt

Filing a submission after final rejection (37 CFR § 1.129(a))

SUBTOTAL (2)

For each additional invention to be examined (37 CFR § 1.129(b))

Complete if Known RANSMITTAL Application Number 09/751,334 for FY 2005 December 28, 2000 Filing Date First Named Inventor Jonathan M. Zweig **Examiner Name** Ahmed Elallam Applicant claims small entity status. See 37 CFR 1.27. 2662 Art Unit (\$) 790.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 3239p072 METHOD OF PAYMENT (check all that apply) ☑Check ☐Credit card ☐ Money Order ☐None Other (please identify): Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP Deposit Account Deposit Account Number: 02-2666 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. **FEE CALCULATION EXTRA CLAIM FEES** Extra Fee from Fee Paid below Claims **Total Claims** \$0.00 32* 50.00 0 Independent g. 200.00 \$0.00 0 Multiple Dependent Small Entity Large Entity Fee Description Code Code (\$) (\$) Claims in excess of 20 50 2202 25 1202 Independent claims in excess of 3 1201 200 2201 100 Multiple Dependent claim, if not paid 360 2203 180 1203 Reissue independent claims over original patent **or number previously paid, if greater, For Reissues, see below 1204 2204 150 **Reissue claims in excess of 20 and over original patent 1205 300 2205 SUBTOTAL (1) 0.00 **ADDITIONAL FEES** Small Entity Fee Paid Code (\$) Code (2) Fee Description Surcharge - late filing fee or oath 1051 130 2051 65 Surcharge - late provisional filing fee or cover sheet. 2052 1052 Non-English specification 2053 130 2053 130 Extension for reply within first month 1251 120 2251 60 Extension for reply within second month 1252 450 2252 225 Extension for reply within third month 1253 1,020 2253 510 1254 1,590 2254 795 Extension for reply within fourth month 1255 2,160 2255 1,080 Extension for reply within fifth month

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	William W Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800		
Signature	(M-71/			Date	09/16/05		

(\$)

790.00

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokooff Taylor & Zafman (Mr) 12/15/2004. SEND TO: Commissioner for Platents, D.O. Box 1450, Alexandria, VA 22313-1450